

Council Expense Claim Form

Name: Barry Turner

For the Month: Sept. 16 - Oct. 15

Date: October 16, 2018

Expenditure Details

Function/Event: <u>Breakfast meeting re: sponsorship of MCRF</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>Sept. 26</u>	Lodging Expense: \$ <u>-</u>
Duration of Event: _____	Total Meal Expense: \$ <u>-</u>
Location of Event: <u>St. Albert</u>	Mileage (\$) Expense: \$ <u>14.04</u>
Mileage Traveled (km): <u>27.8</u>	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: 01-720-11-272069 Expense: \$ 14.04

Function/Event: <u>AUMA</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>Sept. 26-28</u>	Lodging Expense: _____
Duration of Event: <u>3 days</u>	Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Red Deer</u>	Mileage (\$) Expense: \$ <u>202.00</u>
Mileage Traveled (km): <u>400</u>	Incidental Expense: _____
Other: _____	
Per Diem: <u>500</u>	

GL: 01-720-11-272069 Expense: \$ 202.00

Function/Event: <u>Budget Retreat</u>	Registration Expense: _____
Date(s) of Event: <u>Oct. 11-12</u>	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ <u>40.91</u>
Mileage Traveled (km): <u>81</u>	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: 01-720-11-272069 Expense: \$ 40.91

Function/Event: <u>Dow tour</u>	Registration Expense: _____
Date(s) of Event: <u>12-Oct</u>	Lodging Expense: _____
Duration of Event: <u>1 hour</u>	Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Fort Saskatchewan</u>	Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: <u>50</u>	

GL: 01-720-11-272069 Expense: \$ -

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ <u>256.94</u>
Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75	Total Per Diem: <u>550.00</u>
Mileage: per Kilometre \$0.505	
Per Diem:	
0-2 Hours \$50.00	
2-4 Hours \$100.00	
4-8 Hours \$200.00	
8+ Hours \$300.00	
Conference Rate \$200.00	

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Deputy Mayor Approval: 

Cheque #: _____

Payroll: 550

A/P: 256.94

Council Expense Claim Form

Name: Rebecca Balanko

For the Month: September 16 - October 15

Date: October 15, 2018

Expenditure Details

Function/Event: <u>AUMA Conference</u>		Registration Expense: \$	-
Date(s) of Event: <u>Septmeber 25</u>		Lodging Expense: \$	-
Duration of Event: <u>4 days</u>		Total Meal Expense: \$	-
Location of Event: <u>Red Deer and area</u>		Mileage (\$) Expense: \$	228.26
Mileage Traveled (km): <u>452</u>		Incidental Expense:	
Other:			
Per Diem: <u>800</u>			

GL: 01-720-11-272070 Expense: \$ 228.26

Function/Event: <u>Library Meeting</u>		Registration Expense: \$	-
Date(s) of Event: <u>October 3rd</u>		Lodging Expense:	
Duration of Event: <u>1 hour</u>		Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem: <u>40</u>			

GL: Expense: \$ -

Function/Event: <u>Budget Retreat</u>		Registration Expense:	
Date(s) of Event: <u>October 11 & 12</u>		Lodging Expense:	
Duration of Event:		Total Meal Expense:	
Location of Event: <u>Fort Sask</u>		Mileage (\$) Expense: \$	52.52
Mileage Traveled (km): <u>104</u>		Incidental Expense:	
Other:			
Per Diem:			

GL: 01-720-11-272070 Expense: \$ 52.52

Function/Event: <u>Dow Tour</u>		Registration Expense:	
Date(s) of Event: <u>12-Oct</u>		Lodging Expense:	
Duration of Event: <u>1 hour</u>		Total Meal Expense: \$	-
Location of Event: <u>Fort Saskatchewan</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem: <u>50</u>			

GL: Expense: \$ -

Meal Allowance maximum \$41.55 daily;			Total Expenses: \$ 280.78
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75	Total Per Diem: 890.00
Mileage:	per kilometre	\$0.505	
Per Diem:	0-2 Hours	\$50.00	
	2-4 Hours	\$100.00	
	4-8 Hours	\$200.00	
	8+ Hours	\$300.00	
	Conference Rate	\$200.00	

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: *Rebecca Balanko*

Reviewed: *JR*

Mayor Approval: *[Signature]*

Cheque #: _____

Payroll: 890

A/P: 280.78

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: Sept- Oct

Date: October 15, 2018

Expenditure Details

Function/Event: <u>AUMA</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Sept 25-28</u>	Lodging Expense: \$	-
Duration of Event:	<u>4 days</u>	Total Meal Expense: \$	-
Location of Event:	<u>Red Deer</u>	Mileage (\$) Expense: \$	224.73
Mileage Traveled (km):	<u>445</u>	Incidental Expense:	
Other:			
Per Diem:	<u>800</u>		

GL: 01-720-11-272071 Expense: \$ 224.73

Function/Event: <u>Budget retreat</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Oct 11-12</u>	Lodging Expense:	
Duration of Event:	<u>2 days</u>	Total Meal Expense: \$	-
Location of Event:	<u>Fort Saskatchewan</u>	Mileage (\$) Expense: \$	41.41
Mileage Traveled (km):	<u>82</u>	Incidental Expense: \$	
Other:			
Per Diem:			

GL: 01-720-11-272071 Expense: \$ 41.41

Function/Event: <u>Dow Tour</u>		Registration Expense:	
Date(s) of Event:	<u>12-Oct</u>	Lodging Expense:	
Duration of Event:	<u>1 hour</u>	Total Meal Expense:	
Location of Event:	<u>Fort Saskatchewan</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:	<u>50</u>		

GL: Expense: \$ -

Function/Event:		Registration Expense:	
Date(s) of Event:		Lodging Expense:	
Duration of Event:		Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:			

GL: Expense: \$ -

Meal Allowance <i>max limit \$41.35 daily</i>	
Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75	Total Expenses: \$ 266.14
Mileage: per Kilometre \$0.505	Total Per Diem: 850.00
Per Diem:	
0-2 Hours \$50.00	
2-4 Hours \$100.00	
4-8 HOURS \$200.00	
8+ Hours \$300.00	
Conference Rate \$200.00	

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: _____



Reviewed: _____



Mayor Approval: _____



Cheque #: _____

Payroll: 850

850

A/P: 266.14

266.14

Council Expense Claim Form

Name: Stephen Dafoe

For the Month: october

Date: October 15, 2018

Expenditure Details

Function/Event: <u>NLLS conference</u>		Registration Expense: \$	-
Date(s) of Event:	<u>21-Sep</u>	Lodging Expense: \$	-
Duration of Event:	<u>11.5</u>	Total Meal Expense: \$	-
Location of Event:	<u>Elk Point</u>	Mileage (\$) Expense: \$	215.13
Mileage Traveled (km):	<u>426</u>	Incidental Expense:	
Other:			
Per Diem:	<u>200</u>		

GL: 01-720-11-272072 Expense: \$ 215.13

Function/Event: <u>AUMA</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Set 25-28</u>	Lodging Expense:	
Duration of Event:	<u>42</u>	Total Meal Expense: \$	-
Location of Event:	<u>Red Deer</u>	Mileage (\$) Expense: \$	193.92
Mileage Traveled (km):	<u>384</u>	Incidental Expense: \$	
Other:			
Per Diem:	<u>800</u>		

GL: 01-720-11-272072 Expense: \$ 193.92

Function/Event: <u>Budget Retreat</u>		Registration Expense:	
Date(s) of Event:	<u>Oct. 11 - 12</u>	Lodging Expense:	
Duration of Event:		Total Meal Expense:	
Location of Event:		Mileage (\$) Expense: \$	79.59
Mileage Traveled (km):	<u>157.6</u>	Incidental Expense:	
Other:			
Per Diem:			

GL: 01-720-11-272072 Expense: \$ 79.59

Function/Event: <u>Rosieridge</u>		Registration Expense:	
Date(s) of Event:	<u>Oct. 11</u>	Lodging Expense:	
Duration of Event:		Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	19.70
Mileage Traveled (km):	<u>39</u>	Incidental Expense:	
Other:			
Per Diem:			

GL: 01-720-11-272072 Expense: \$ 19.70

Total Expenses: \$	508.33
Total Per Diem:	1000.00

Meal Allowance maximum \$41.55 daily:		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: 1050

A/P: 508.33

Council Expense Claim Form

NAME: Stephen Dafoe

FOR THE MONTH: October

DATE: October

Expenditure Details

Function/Event: <u>Dow Tour</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>12-Oct</u>	Lodging Expense: \$ <u>-</u>
Duration of Event: <u>1 hour</u>	Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Fort Saskatchewan</u>	Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: <u>50</u>	

GL: _____	Expense: \$ <u>-</u>
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Function/Event: _____	Registration Expense: \$ _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: \$ _____
Other: _____	
Per Diem: _____	

GL: _____	Expense: \$ <u>-</u>
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Function/Event: _____	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: _____	Expense: \$ <u>-</u>
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Function/Event: _____	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: _____	Expense: \$ <u>-</u>
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Meal Allowance (maximum \$41.55 daily)	Total Expenses: \$ <u>-</u>
<i>breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: 50.00
Mileage: per Kilometre \$0.505	
Per Diem:	
0-2 Hours \$50.000	
2-4 Hours \$100.000	
4-8 Hours \$200.000	
8+ Hours \$300.000	
Conference Rate \$200.000	

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
18-Sep	admin briefing		1.5
18-Sep	committee of the whole		3.5
18-Sep	rc strategies workshop		1
19-Sep	library meeting	re org review	1.5
22-Sep	roseridge business		1
24-Sep	roseridge meeting		2
26-Sep	roseridge special meeting		1
9-Oct	council		7
10-Oct	resident concerns		1
10-Oct	NLLS concern		0.5
11-Oct	budget retreat		10
11-Oct	rosridge meeting		1.5
12-Oct	budget retreat		9
Total:			40.5

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: Sept 16 to Oct 15

Date: October 15, 2018

Expenditure Details

Function/Event: RCA Conference

Date(s) of Event: Sept 19 to 21

Duration of Event: 36

Location of Event: Banff

Mileage Traveled (km): 930

Other: _____

Per Diem: 600

Registration Expense: \$ _____

Lodging Expense: \$ _____

Total Meal Expense: \$ _____

Mileage (\$) Expense: \$ 469.65

Incidental Expense: _____

GL: 01-720-11-272073

Expense: \$ 469.65

Function/Event: AUMA Conference

Date(s) of Event: Sept 25 to Sept 28

Duration of Event: 44

Location of Event: Red Deer

Mileage Traveled (km): 459

Other: _____

Per Diem: 800

Registration Expense: \$ _____

Lodging Expense: _____

Total Meal Expense: \$ _____

Mileage (\$) Expense: \$ 231.80

Incidental Expense: _____

GL: 01-720-11-272073

Expense: \$ 231.80

Function/Event: Chamber of Commerce Meeting

Date(s) of Event: 3-Oct

Duration of Event: 1.5

Location of Event: Morinville

Mileage Traveled (km): _____

Other: _____

Per Diem: 50

Registration Expense: _____

Lodging Expense: _____

Total Meal Expense: _____

Mileage (\$) Expense: \$ _____

Incidental Expense: _____

GL: _____

Expense: \$ -

Function/Event: Budget Retreat

Date(s) of Event: Oct 11 & 12

Duration of Event: 20

Location of Event: Fort Saskatchewan

Mileage Traveled (km): 97

Other: _____

Per Diem: _____

Registration Expense: _____

Lodging Expense: _____

Total Meal Expense: \$ _____

Mileage (\$) Expense: \$ 48.99

Incidental Expense: _____

GL: 01-720-11-272073

Expense: \$ 48.99

Meal Allowance maximum \$41.55 daily);

Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75

Mileage: per Kilometre \$0.50

Per Diem: 0-2 Hours \$50.00

2-4 Hours \$100.00

4-8 Hours \$200.00

8+ Hours \$300.00

Conference Rate \$200.00

Total Expenses: \$ 750.43

Total Per Diem: 1450.00

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: _____

Reviewed: _____

Mayor Approval: _____

Cheque #: _____

Payroll: 1500

A/P: 750.43

Council Expense Claim Form

NAME: Lawrence Giffin

FOR THE MONTH: _____

DATE: October

Expenditure Details

Function/Event: <u>Dow Tour</u>		Registration Expense: \$	-
Date(s) of Event:	<u>12-Oct</u>	Lodging Expense: \$	-
Duration of Event:	<u>1 hour</u>	Total Meal Expense: \$	-
Location of Event:	<u>Fort Saskatchewan</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):	_____	Incidental Expense:	_____
Other:	_____		
Per Diem:	<u>50</u>		

GL: _____ Expense: \$ _____

Function/Event: _____		Registration Expense: \$	-
Date(s) of Event:	_____	Lodging Expense:	-
Duration of Event:	_____	Total Meal Expense: \$	-
Location of Event:	_____	Mileage (\$) Expense: \$	-
Mileage Traveled (km):	_____	Incidental Expense: \$	-
Other:	_____		
Per Diem:	_____		

GL: _____ Expense: \$ _____

Function/Event: _____		Registration Expense:	-
Date(s) of Event:	_____	Lodging Expense:	-
Duration of Event:	_____	Total Meal Expense:	-
Location of Event:	_____	Mileage (\$) Expense: \$	-
Mileage Traveled (km):	_____	Incidental Expense:	-
Other:	_____		
Per Diem:	_____		

GL: _____ Expense: \$ _____

Function/Event: _____		Registration Expense:	-
Date(s) of Event:	_____	Lodging Expense:	-
Duration of Event:	_____	Total Meal Expense: \$	-
Location of Event:	_____	Mileage (\$) Expense: \$	-
Mileage Traveled (km):	_____	Incidental Expense:	-
Other:	_____		
Per Diem:	_____		

GL: _____ Expense: \$ _____

Meal Allowance (maximum \$41.55 daily)	
Breakfast \$9.20 Lunch \$11.00 Dinner \$20.75	
Mileage: per kilometre	\$0.505
Per Diem:	
0-2 Hours	\$50.000
2-4 Hours	\$100.000
4-8 Hours	\$200.000
8+ Hours	\$300.000
Conference Rate	\$200.000
Total Expenses:	\$ -
Total Per Diem:	50.00

Note: Receipts must be attached/submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____

Council Expense Claim Form

Name: Scott Richardson

For the Month: October

Date: Oct 09 2018

Expenditure Details

Function/Event: AUMA 2018

Date(s) of Event: September 25,26,27,28

Duration of Event: 2hrs travel both ways and 8hr/day

Location of Event: Red Deer

Mileage Traveled (km): 400

Other: _____

Per Diem: 800

Registration Expense: \$ _____

Lodging Expense: \$ _____

Total Meal Expense: \$ _____

Mileage (\$) Expense: \$ 202.00

Incidental Expense: _____

GL: 01-720-11-272075

Expense: \$ 202.00

Function/Event: Dow Tour

Date(s) of Event: 12-Oct

Duration of Event: 1 hour

Location of Event: Fort Saskatchewan

Mileage Traveled (km): _____

Other: _____

Per Diem: 50

Registration Expense: \$ _____

Lodging Expense: _____

Total Meal Expense: \$ _____

Mileage (\$) Expense: \$ _____

Incidental Expense: \$ _____

GL: _____

Expense: \$ _____

Function/Event: _____

Date(s) of Event: _____

Duration of Event: _____

Location of Event: _____

Mileage Traveled (km): _____

Other: _____

Per Diem: _____

Registration Expense: _____

Lodging Expense: _____

Total Meal Expense: _____

Mileage (\$) Expense: \$ _____

Incidental Expense: _____

GL: _____

Expense: \$ _____

Function/Event: _____

Date(s) of Event: _____

Duration of Event: _____

Location of Event: _____

Mileage Traveled (km): _____

Other: _____

Per Diem: _____

Registration Expense: _____

Lodging Expense: _____

Total Meal Expense: \$ _____

Mileage (\$) Expense: \$ _____

Incidental Expense: _____

GL: _____

Expense: \$ _____

Meal Allowance (maximum \$41.55 daily)

Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75

Mileage: per kilometre \$0.505

Per Diem: 0-2 HOURS \$50.00

2-4 Hours \$100.00

4-8 HOURS \$200.00

8+ Hours \$300.00

Conference Rate \$200.00

Total Expenses: \$ 202.00

Total Per Diem: 850.00

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: _____

Reviewed: _____

Mayor Approval: _____

Cheque #: _____

Payroll: 850

A/P: 202.00